

EXHIBIT Q

Form 402A
5/98 RevisedDivision of Adult Services
Department of Homeless Services

CLIENT NOTIFICATION OF TRANSFER

Shelter: Marsha's House - 480 e. 185th St. BX NYDate: 05 / 10 / 2017

CLIENT'S SURNAME:	FIRST NAME:	H.A. NUMBER:
Lopez	Mariah	[REDACTED]

You are being OFFICIALLY transferred by 05/11/2017, because _____Administrative Transfer - Safety ConcernRight of Review

Upon receipt of this notice, you are entitled to meet with your caseworker to discuss why you are being transferred. If you disagree with the transfer, you may have a Supervisory Review to respond to the reason(s) for your transfer.

 I accept the reason(s) for transfer and I do NOT request a Supervisory Review.

Client's Signature (X) _____ Date: _____

 I do not accept the reason(s) for transfer and I request a Supervisory Review.Client's Signature (X) Client refused to sign Date: _____ I do not accept the reason(s) for transfer and I do NOT request a Supervisory Review.

Client's Signature (X) _____ Date: _____

 Client refused to sign; however, reason(s) for transfer was explained to client. Supervisory Review mandated.WITNESSING CASEWORKER: Katina Rose Print Name Katina Rose Signature 5/10/17 DateSOCIAL SERVICE DIRECTOR/
SHIFT SUPERVISOR: _____ Print Name
Signature _____ Date _____I have scheduled a SUPERVISORY REVIEW with client on 5/10/17ALTER DIRECTOR/DEPUTY: I have reviewed the reasons for transfer with the client, and find that the transfer is:
 Withdrawn; no transfer at this time Upheld; transfer will proceed as above Revised; new Transfer Shelter and 402A.Kaedon Grinnell Print Name Kaeden Grinnell Signature 5/10/17 Date

Distribution: Original to client, copy to case record.